

Victim Impact Request for Application 2024 - 2026

Q1 Complete the following application for Victim Impact Grant Funds. Awards will be made to qualified applicants. Applications will only be accepted via online submission. All applications must be submitted by 11:59 p.m. on February 27, 2024. When completing this application please be sure to have the following required documents prepared for upload.

- Proposal Narrative (in an original PDF format)
- Institution Locations (Attachment A)
- Budget Proposal – Budget for Grant Program (Excel)
- Payee Data Record (STD 204)
- Supplement Vendor Payee Data Record Form (STD 205) (if applicable)
- Proof of non-profit status – Letter of Determination from the IRS
- Fiscal Sponsor Agreement (if applicable)
- Office of Business Services 1510 Form
- Certificate of Insurance
- Workers Compensation Exemption Form (if applicable)

Personal information will not be disclosed, made available, or otherwise used for purposes other than those specified at the time of collection, except with the consent of the subject of the data, or as authorized by law.

Please contact the DRP Grants Team at InnovativeGrants@cdcr.ca.gov with any questions.

Q2 Are you a 501(c)(3) non-profit organization or a non-profit organization that is fiscally sponsored by a fiscal agent with nonprofit status?

☐ Yes

☐ No

Q3 Thank you for your interest in this funding, however based on the questions you answered with "No", you do not qualify to receive funding.

This funding shall be allocated by the department to each applicant that meets the following requirements:

The applicant is a 501(c)(3) nonprofit organization or is a nonprofit organization that is fiscally sponsored by a fiscal agent with nonprofit status.

Q4 Please complete the following information for the Organization (applicant). This information is to include the name of the organization (to be specified on the executed contract), not the name of a person.

- ☐ Organization Name (Applicant) _____
- ☐ Email Address _____
- ☐ Telephone Number _____
- ☐ Federal Employer Identification Number (FEIN) _____
- ☐ Physical Street Address _____
- ☐ City _____
- ☐ State _____
- ☐ Postal Code _____

Q5 Is the mailing address different than the physical address?

- ☐ Yes
- ☐ No

Q6 Please complete the Organizations (applicant) mailing address.

- ☐ Mailing Address _____
 - ☐ City _____
 - ☐ State _____
 - ☐ Postal Code _____
-

Q7 Please complete the information for the Contact Person.

- ☐ Full Name _____
 - ☐ Title _____
 - ☐ Email Address _____
 - ☐ Telephone Number _____
-

Q8 Is the Contact Person authorized to sign the agreement?

- ☐ Yes
 - ☐ No
-

Q9 Please Complete the information for the Person Authorized to Sign

- ☐ Full Name _____
 - ☐ Title _____
 - ☐ Email Address _____
 - ☐ Telephone Number _____
-

Q10 Is your organization registered with the Internal Revenue Service (IRS) as a Non-Profit status 501(c)(3)?

☐ Yes

☐ No

Q11 Please upload 501(c)(3) IRS letter. (1 PDF File)

Q12 If not a 501(c)(3) is the applicant a non-profit organization that is fiscally sponsored by a fiscal agent with nonprofit status?

☐ Yes

☐ No

Q13 Thank you for your interest in this funding, however based on the questions you answered with "No", you do not qualify to receive funding.

This funding shall be allocated by the department to each applicant that meets the following requirements:

The applicant is a 501(c)(3) non-profit organization or is a non-profit organization that is fiscally sponsored by a fiscal agent with nonprofit status.

Q14 Please complete the information for the Fiscal Sponsor

- ☐ Fiscal Sponsor _____
 - ☐ Fiscal Sponsor Contact/Authorized Signer _____
 - ☐ Email Address _____
 - ☐ Telephone Number _____
 - ☐ Federal Employer Identification Number (FEIN) _____
 - ☐ Physical Address _____
 - ☐ City _____
 - ☐ State _____
 - ☐ Postal Code _____
-

Q15 Is the fiscal sponsor mailing address different than the physical address?

- ☐ Yes
 - ☐ No
-

Q16 Please complete the mailing address of the fiscal sponsor.

- ☐ Mailing Address _____
 - ☐ City _____
 - ☐ State _____
 - ☐ Postal Code _____
-

Q17 Please upload a copy of the fiscal sponsor 501(c)(3) IRS Letter. (1 PDF File)

Q18 Please upload a copy of the agreement with the fiscal agent. (1 PDF File)

Q19 Thank you for your interest in this funding, however based on the questions you answered with "No", you do not qualify to receive funding.

This funding shall be allocated by the department to each applicant that meets the following requirements:

The applicant is a 501(c)(3) nonprofit organization or is a nonprofit organization that is fiscally sponsored by a fiscal agent with nonprofit status.



Q20 Please upload a copy of the Proposal Narrative for the program. (1 PDF File)

The Proposal Narrative is the applicant's description of the program currently provided in a correctional setting and the plan for implementing the program at one or more California institution location(s). The Proposal Narrative may not exceed a total of ten (10) pages and must be submitted in PDF format. Please utilize arial 12-point black font, double space, 1-inch margins, and number all pages.

The Proposal Narrative must address sections I through VII indicated in the RFA.



Q21 Please upload Institution Locations. (Attachment A) (1 PDF File)

The form is available in the RFA.



Q22 Please upload a copy of the Budget Proposal. (1 Excel Workbook)

Complete a separate Budget Rate Sheet for each location at which grant funds are being requested. An excel workbook is available on the [DRP Grants Web page](#) and must be completed and submitted as part of the application. A new Budget Rate Sheet (tab) must be created within the workbook for each additional institution/location. All program costs must be directly related to the objectives and activities of the program. The budget must cover the entire grant cycle of July 1, 2024, through June 30, 2026.



Q23 Please upload the Payee Data Record (STD 204). (1 PDF File)

Provide a physical address for the delivery of funds. A P.O. Box address cannot be utilized on this form.

The form is available in the RFA.



Q24 Optional: Please upload the Payee Data Record Supplement (STD 205) (1 PDF File)

This form is only required when there is a supplemental or P.O. Box address.

The form is available in the RFA.

Q25 Please upload a signed copy of the organizations OBS 1510 form. (1 PDF File)

This form is the California Civil Rights Laws Certification.

The form is available in the RFA.



Q26 Please upload a signed copy of the organizations Certificate of Insurance form. (1 PDF File)

The Certificate of Insurance must include a minimum limit of \$1,000,000 for each of the following types of insurance.

- General Liability
- Worker's Compensation (WC) & Employers' Liability: If the program does not have employees, then a workers' compensation exemption form is required.
- Automobile Liability: Only required if automobiles are used in the delivery of programming.

An example of the form is available in the RFA.



Q27 Optional: Please upload the Workers Compensation Exemption form (1 PDF File)

If the program does not have employees, then a workers' compensation exemption form is required.

The form is available in the RFA.
